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021005 7590 03/26/2004

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.  
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Christine A. Budd	(Depositor's name)
<i>C. A. Budd</i>	(Signature)
April 20, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/002,464	11/15/2001	Adam Murano	2384.1001-011	6247

TITLE OF INVENTION: METALLIZED SHEETING, COMPOSITES, AND METHODS FOR THEIR FORMATION

METHOD FOR FORMING A METALLIZED COMPOSITE (As Amended)

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	06/28/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
MAYES, MELVIN C	1734	156-276000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Hamilton, Brook, Smith  
& Reynolds, P.C.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Textron Systems Corporation

Wilmington, MA

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☒ Advance Order - # of Copies 15

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☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached. to charge any deficiency☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 08-0380 (enclose an extra copy of this form).

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(Date)

04/23/2004 AHONDAF2 00000192 10002464

01 FC:1501  
02 FC:1504  
03 FC:8001

1330.00 OP  
300.00 OP  
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